

Foster Family Home - Corrective Action Report

Provider ID: 1-200021

Home Name: Daisylyn Tolentino, NA

Review ID: 1-200021-3

1503 Piikea Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 6/2/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/2/2021.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- APS/CAN/Fingerprinting lapsed on 9/3/2020 for HHM#1; for HHM#2 and HHM#3 both lapsed on 11/16/2020.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#2, HHM#1, HHM#2, and HHM#3.

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Foster Family Home Personnel and Staffing [11-800-41]

- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.
- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

- 41.(b)(7)- TB clearance of CG#1 lapsed on 3/4/2021 and CG#2's lapsed on 12/17/2020 and no current result present in the CCFFH binder.
- 41.(b)(8)- Bloodborne pathogen and infection control certificate of training lapsed on 3/17/2021 for CG#1 and CG#2 on 2/5/2021; no current certificates present. CG#2's CPR and First Aid training lapsed on 2/5/2021 and no current certificates were present.
- 41.(c)- Annual in service training for the year 2020 short of 8 hours for CG#1.
- 41.(g)- No Basic Skills checklist present for CG#2 in Client #1's chart /binder.

Foster Family Home Client Care and Services [11-800-43]

- 43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

- 43.(c)(3)- No RN delegation for CG#2 on [REDACTED] administration for Client #1; Client #2- no RN delegation present for [REDACTED] delegation for CG#2.

Foster Family Home Fire Safety [11-800-46]

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

- 46.(a)- No monthly fire drills conducted/documented for the months of March 2021, April 2021, and May 2021.

Foster Family Home Medication and Nutrition [11-800-47]

- 47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.
- 47.(d) Use of physical or chemical restraints shall be:
- 47.(d)(1) By order of a physician;

Comment:

- 47.(c)- No list of medications side effects present on Client #1's chart/binder.
- 47.(d)(1)- No MD order present for Client #1's [REDACTED]

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| Foster Family Home | Physical Environment | [11-800-49] |
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49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Kitchen sliding door screen with a big hole- insects/bugs can possibly come inside the CCFFH and bite the clients.

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| Foster Family Home | Quality Assurance | [11-800-50] |
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50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(a)- CG#2 without evidence of having had the CCFFH's Emergency Preparedness Plan.

50.(e)- No doorbell present at the CCFFH's front door for CTA/agency to have quick access/communicate.

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| Foster Family Home | Insurance Requirements | [11-800-51] |
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51.(a)(1) General;

Comment:

51.(a)(1)- No General Liability insurance policy present in the CCFFH binder.

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Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;
- 54.(c)(8) Personal inventory.

Comment:

54.(a)(1)- No Emergency procedures and evacuation map present in the CCFFH.

54.(b)- No signatures for each dated entries of CG#1 on Client #1's progress note documentation for 11/21/2020 thru 4/26/2021.

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- No Medication Administration Record(MAR) initiated for June 2021; one medication was not transcribed in the MAR.

Client #2- No MAR initiated for June 2021; two medications' labels did not match the MD order and the MAR and one medication was not transcribed in the MAR.

54.(c)(6)- No ADL/Daily Care Flowsheet present for the month of June 2021 and May 2021's was last signed on 5/27/2021 for Client #1.

54.(c)(6)- No RN monthly visit summary present on Client #1 for the months of February 2021 and April 2021.

54.(c)(8)- No Personal Inventory checklist form was completed on Client #1.

Mariquel Nakamiae, RN 6/2/2021
Compliance Manager Date

[Signature] 6/2/2021
Primary Care Giver Date